

# IPAS & PASRR MANUAL

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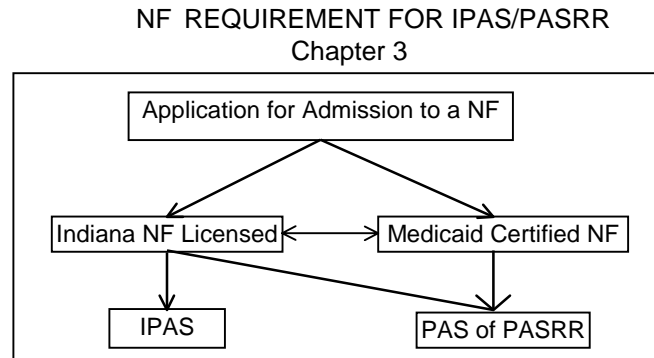
Chart: Hospital-Based NF Units (Chapter 3.6)

## Chapter 3

### ADMISSION REQUIREMENTS

All licensed Indiana NFs (under IC 16-28-2) must follow the admission requirements of IPAS (and, when Medicaid-certified, PASRR).

This Chapter will define the circumstances and parameters for admission into Indiana's licensed nursing facilities (NFs).



#### 3.1 NF ADMISSION

See Chapter 2 for information on required forms for NF admission. This Section will provide information on IPAS admissions. For PASRR, refer to Section 200.

##### 3.1.1 General Criteria

NF admission may be intended for:

- a) short-term stay; or
- b) long-term placement.

For IPAS purposes, "long-term" is generally defined to be a stay of 120 days or longer.

NF admission may occur:

- a) after an IPAS and/or PASRR assessment and determination has been completed; or
- b) with authorization for a temporary stay during which the IPAS and/or PASRR assessment and determination are in process; or
- c) with authorization for a temporary period of time with discharge following the stay. Assessment and determination are not done.

IPAS (and, when required, PASRR) assessment and determination must be:

- a) completed **PRIOR** to NF admission; or
- b) within an authorized temporary time period and either:
  - 1) completed following NF admission (Direct from Hospital, Emergency/APS, or PASRR APS); or
  - 2) deferred until a later date (30-Day Short-Term, Respite, Five-Day Transfer Within CCRC, or PASRR Respite); or
- c) not completed (Respite Stay, .30-Day Short-Term, PASRR Exempted Hospital Discharge, death, discharge home from the NF, etc.).

##### 3.1.2 Time Frames

Most activities pertaining to IPAS and/or PASRR are governed by specific time frames. Use this chapter to refer to the type of NF admission contemplated to ascertain applicable time frames for case processing and temporary stays.

a) Establish need for Level II PRIOR to authorizing temporary admission:

Temporary admission authorizations and case processing time frames differ between IPAS and PASRR. Need for PASRR Level II assessment must be established before temporary authorization is given.

b) Time frame adjustment when case switches from private-pay to Medicaid:

When an individual who was admitted as private-pay indicates that Medicaid will be needed, the NF must immediately notify the IPAS agency. The IPAS agency will:

- 1) redesignate the case as a Medicaid case; and
- 2) adjust its time frame, as appropriate, to the Medicaid 25 day limit.

### 3.2 FROM HOME (OR OTHER NON-INSTITUTIONAL LIVING ARRANGEMENT)

Whenever possible, the IPAS assessment will be conducted in the applicant's home or other non-institutional living arrangement.

- a) The most effective assessment of the individual's current living environment and needs can be made in the home setting. When assessment is completed during temporary NF admission, the assessor should strive to identify functional limitations that would be present in a home or community living setting.
- b) Alternative community services to support continuing independence and delay long-term NF placement also need to be based on availability within the locality of the home or community.

#### 3.2.1 Time Frame

The IPAS assessment and final determination will be made:

- a) as soon as possible, but no later than twenty-five (25) days from the date of signature on the Application form; and
- b) when more time is required, the IPAS agency must clearly document the reason(s) and applicable dates the case is pended in the case record.

When "Emergency Admission" is required in the course of the At-Home assessment, an additional 25-days may be added to the expired time, not to exceed a total of 50 days. (See Chapters 3.2.4 and 3.4.)

#### 3.2.2 Completion of IPAS Forms

The Application and Level I forms may be completed at the NF, or the IPAS agency representative may assist with completion of the IPAS Application form and Level I at the time of the home visit.

To expedite completion of the Form 450B, Physician Certification of Need for Long-Term Care Services, the IPAS assessor may give it to the applicant or a family member to deliver to the attending physician for completion. At times the physician is more responsive to a request from the family member. It is also helpful for the IPAS agency representative to give a preaddressed envelope to the applicant for the physician to mail the completed Form 450B directly to the IPAS agency.

#### 3.2.3 NF Waiting Lists

When an individual intends to enter a NF, but his or her name is placed on a waiting list, the IPAS Application and assessment process will be completed within applicable time limits while the individual is awaiting placement. This allows the full assessment and final determination to be rendered during the waiting period. When the NF bed becomes available, expeditious placement can be made.

NOTE: The PAS Form 4B is only valid for 90 days from the date of issuance if the individual has not been admitted to a NF. NF admission terminates use of the 90-day period. (See Chapter 5.1.)

#### 3.2.4 Emergency Admission During "From Home" Assessment

If an individual's condition and/or situation deteriorates to the point that an emergency occurs during the course of the "From Home" assessment, the IPAS agency may authorize "Emergency Admission" if the Emergency criteria are met. (See "Emergency Admission," Chapter 3.4.) The details of the emergency must be clearly explained in the case record.

### 3.3 TEMPORARY NF ADMISSIONS

An individual may be temporarily admitted to a NF either:

- a) while the full IPAS assessment is in process, e.g., for an emergency; or
- b) for a short stay when he or she meets criteria to be exempted from completion of full IPAS, e.g., for respite care.

Temporary stays must always have the IPAS designee's authorization PRIOR to NF admission (except for certain "Emergency/APS" admissions (see Chapter 3.4), and the "Five-Day Short-Term Within a CCRC" exemption (see Chapter 3.6). "Direct from Hospital" admission requires prior authorization from either the IPAS agency designee or the appointed hospital discharge planner designee (see Chapter 3.7),

### 3.3.1 Time Frame

Medicaid recipients, applicants, Medicaid pending and will-apply for Medicaid applications will always be completed as soon as possible, but no later than twenty-five (25) days from the date of application or that Medicaid status is identified.

When an individual who was admitted as private-pay indicates that Medicaid will be needed, the NF must immediately notify the IPAS agency. The IPAS agency will:

- a) redesignate the case as a Medicaid case; and
- b) adjust its time frame, as appropriate, to the Medicaid 25 day limit.

### 3.3.2 IPAS Designee

An IPAS designee is an individual appointed by the IPAS agency, with approval of BAIHS, who may authorize temporary admission to a NF. IPAS designees are individuals:

- a) employed by the IPAS agency; or
- b) employed as an Indiana hospital discharge planner and appointed by the IPAS agency.

NOTE: Hospital discharge planners are only allowed to authorize "Direct From Hospital" NF admissions for transfers from acute-care level beds only. (See Chapter 3.7.)

An individual acting as IPAS designee must:

- a) assure that the Level I form has been completed;
- b) assure that the IPAS Application form has been completed (See Chapter 3.7.3.2 for hospital instructions.);
- c) make a preliminary judgment of the need for PASRR Level II assessment;
- d) (IPAS agency only) complete certification of need for Level II at bottom of Level I;
- e) determine whether requirements for temporary NF admission are met;
- f) for long-term placement requests, gather sufficient information to make a decision of need for NF level of services, i.e., whether the applicant qualifies for at least temporary admittance to a NF because services necessary to care for the individual in the community are not available except in a NF setting (substantially complete assessment - see Chapter 3.3.3);
- g) record the IPAS designee's authorization on the appropriate form (IPAS Application form or PASRR Categorical Determination form); and
- h) for hospitalized applicants, check that a copy of the designee-authorized record from the hospital is transmitted to the NF in a timely manner, but no later than the date of admission.

### 3.3.3 "Substantially Complete Assessment"

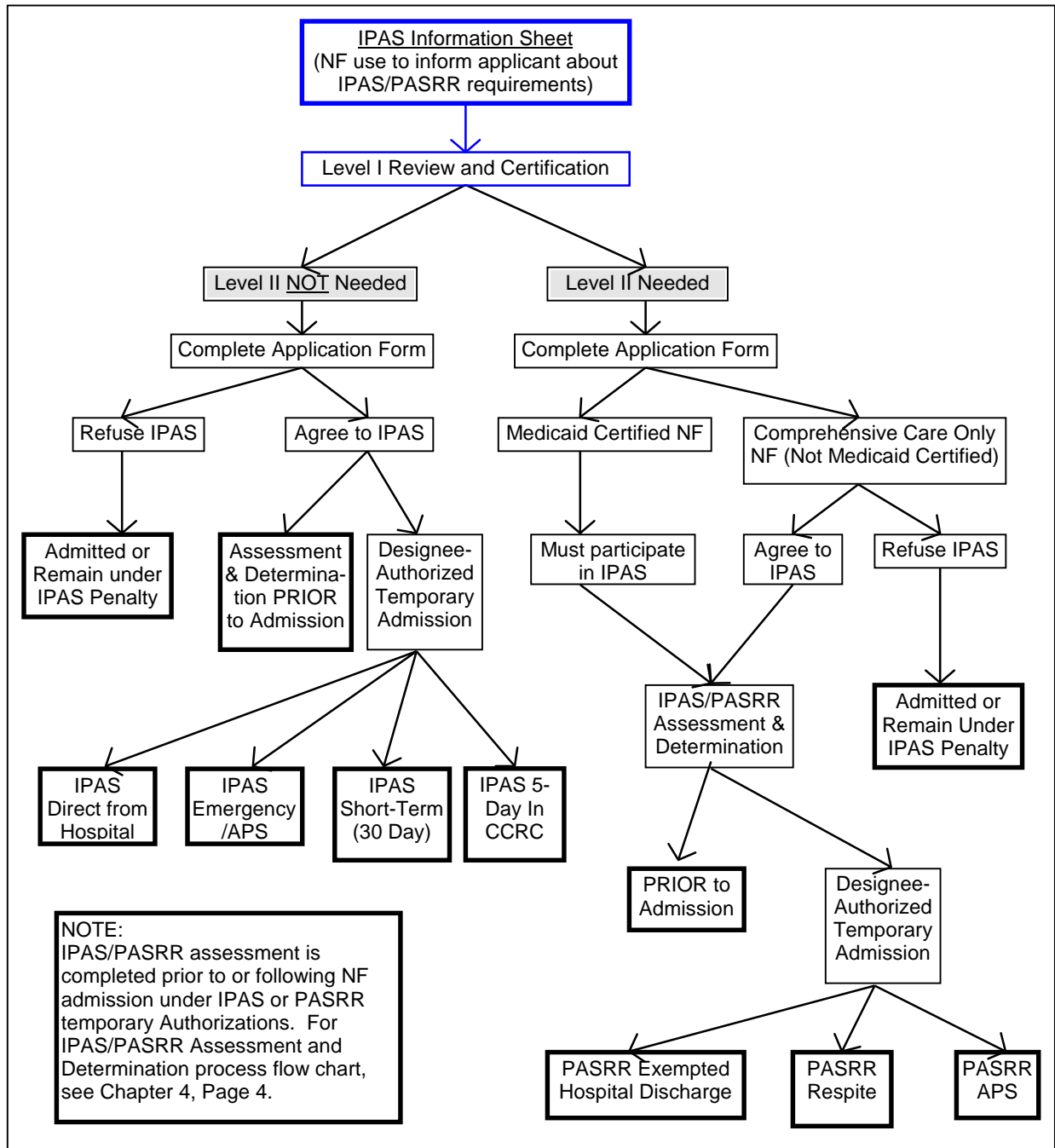
For long-term placements from an acute care hospital bed, an IPAS designee must conduct a "substantially complete IPAS assessment" (See Chapter 4.3.1.) to determine whether criteria for temporary NF services are met pending the completion of the entire IPAS assessment.

The entity requesting designee-authorization for temporary NF admission must provide sufficient information for the designee to determine whether the type of admission being requested meets requirements. A review of documentation and information will culminate in a judgment of whether requirements are met and temporary NF placement may be authorized.

The designee authorization for temporary NF placement is invalid if there is not sufficient information for a decision, or the information does not support the need for the temporary admission.

## NF TEMPORARY ADMISSION PROCESS

### Chapter 3.3



#### 3.3.4 Transmittal of Authorization

The IPAS designee must:

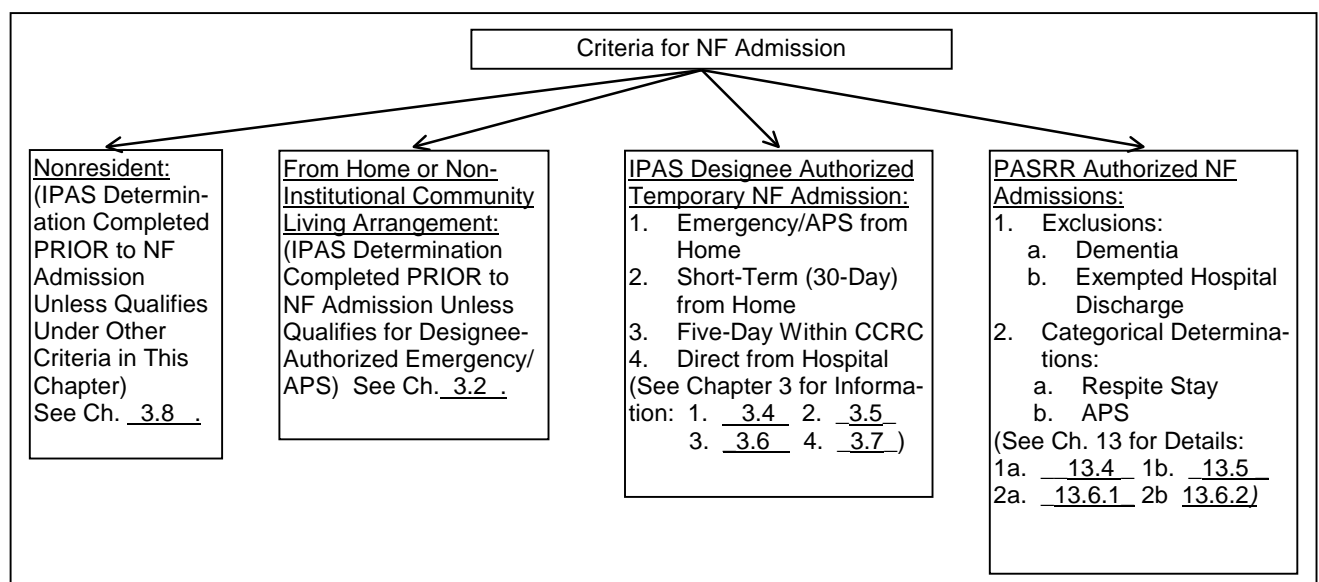
- a) record in writing all decisions regarding the allowance or disallowance of temporary placement on the:
  - 1) IPAS Application form (for IPAS Only); or
  - 2) PASRR Level I form (for PASRR Exempted Hospital Discharge); or
  - 3) PASRR Categorical Determination form (for PASRR Respite or APS); and
- b) provide notice of the decision to the applicant or his or her legal representative, the relevant NF, and the IPAS agency.

Designee authorizations by the IPAS agency may be transmitted by telephone in order to expedite NF placement. Written authorization must immediately be sent to the applicant and the NF for inclusion on the NF active record or chart.

The hospital discharge planner acting as designee must immediately transmit the necessary documentation to the NF. The NF is responsible to assure that it is forwarded to the IPAS agency, either by the NF itself or via the hospital. (Failure by the hospital to provide the NF with the necessary documentation of designee-authorization in a timely manner could result in the termination of designee status.)

The following chart shows the categories of temporary designee-authorized NF admission with applicable Chapters for quick reference. (PASRR details are addressed in Chapters 10-16.)

REFERENCE CHART FOR NF ADMISSION CATEGORIES  
Chapter 3.3



### 3.4 EMERGENCY/APS

Emergency admission, including Adult Protective Services (APS) situations, can only be granted:

- for individuals residing at home or in a non-institutional living arrangement; or
- from an emergency room of an Indiana hospital.

[Admissions from the emergency room or hospital 23-hour bed-hold (non-inpatient status) of an Indiana hospital licensed under IC 16-21 are covered in Chapter 3.7.6.]

Emergency/APS authorization does NOT apply:

- to small group home settings as they are considered to be institutional living arrangements (Small group homes are licensed as intermediate care training facilities and are Medicaid reimbursed as institutions.);
- if PASRR Level II assessment is needed (The only "emergency" admission provision under PASRR is qualification under "PASRR APS Categorical Determination." See **Chapter 207.322.**);
- to nonresidents (Only Indiana residents who are bona fide Indiana APS program participants qualify for the "APS" provision under Emergency/APS authorization.

#### 3.4.1 Time Frame

The assessment and final determination must be completed as soon as possible but no later than twenty-five (25) days from the date of NF admission.

### 3.4.2 "Emergency" Defined

For purposes of IPAS, authorization for emergency admission:

- a) "may be granted by the designee;
- b) when a medical emergency exists in that care in the health facility is required within seventy-two (72) hours of the request for such admission; and
- c) the attending physician certifies the need for such emergency admission" to the prescreening agency following IPAS procedures.

The physician's certification of need for emergency NF admission must be:

- a) based on the criteria listed above;
- b) in writing; and
- c) included in the applicant's case record.

The IPAS agency must provide the IPAS definition of emergency to the physician.

### 3.4.3 Authorizing Entity

Only the IPAS agency designee may authorize Emergency/APS Admissions. The designee will:

- a) determine and clearly record the nature of the emergency in the case record, obtaining as much information as possible relative to areas usually covered by the IPAS assessment (See Chapter 3.3.5.);
- b) include a written certification by the attending physician; and
- c) determine whether "Emergency/APS Admission" will be authorized.

### 3.4.4 Role of APS

When an individual is a bona fide APS recipient, the APS investigator may:

- a) provide sufficient information so that the IPAS agency can determine whether emergency authorization will be granted; and
- b) certify the emergency status and need for NF admission to the IPAS.

NOTE: The IPAS agency always has the responsibility to determine and document whether a bona fide emergency exists as defined in Chapter 3.4.2. The physician's and APS investigator's certifications constitute supporting documentation. They are not the sole criterion for determining approval of "Emergency/APS Admission."

### 3.4.5 Hospital ER or Hospital Bed-Hold

Only the IPAS agency designee may authorize admission from the emergency room (ER) or 23-hour bed-hold unit of an Indiana hospital. Authorization may or may not include APS-involvement.

The IPAS agency may appoint an APS investigator to:

- a) act as an alternate designee when an after-hours IPAS agency on-call designee is not available;
- b) gather information described in Chapter 3.4.6; and
- c) certify on a format approved by the IPAS agency that the individual is the subject of a bona fide APS emergency.

APS authorization is only applicable until the IPAS agency is notified and approves the temporary NF admission. Both the NF and the APS designee are responsible for contacting and notifying the IPAS agency of the admission as soon as possible, but no later than the first working day following admission.

### 3.4.6 Supporting Information

When the NF contacts the IPAS agency (or APS) to request authorization for "Emergency/APS Admission" on behalf of an applicant, the NF will be prepared to provide as much of the following information as possible:

- a) identifying demographic information for the applicant, including name, address, current location, etc.



- b) the nature of the change in the individual's condition and/or situation which now causes them to seek emergency NF placement;
- c) current APS involvement/intervention;
- d) primary and secondary diagnoses (including physical/medical and mental diagnoses.);
- e) prescribed medications including dosages, frequency, and reason(s) prescribed;
- f) impairments in ADLs;
- g) family and/or community services the individual is currently receiving;
- h) name of a family member or legal representative who is knowledgeable about the situation and needs of the individual who can be contacted for additional information;
- i) answers to the PASRR Level I screen;
- j) history of recent hospitalizations or other inpatient care, including treatment and reason for treatment; and
- k) any other information the PAS agency designee deems necessary in order to make a decision.

This information will be entered on a form developed by the IPAS agency as a "Documentation of Need for Emergency Admission" to be included in the IPAS case record.

### 3.5 SHORT-TERM (30-DAY)

An individual may be admitted from home without the required IPAS assessment:

- a) for a short-term stay not to exceed thirty (30) days;
- b) with an expressed intent by the applicant or his or her representative to leave the NF within the authorized time.

The IPAS agency designee must determine that it is probable that the individual will be discharged from the NF within thirty (30) days from the date of admission. The IPAS agency must collect sufficient information to be able to make this decision.

NOTE: Do NOT use Short-Term (30-Day) authorization for direct from hospital admissions. Persons in a hospital acute care bed can only use:

- a) "IPAS Direct From Hospital" authorization;
- b) "PASRR Exempted Hospital Discharge;"
- c) full IPAS/PASRR assessment; or
- d) IPAS (non-PASRR) refusal to participate in IPAS.

#### 3.5.1 Time Frame

Short-Term (30-Day) admission are limited to a stay not to exceed thirty (30) days from the date of NF admission.

If approved, the IPAS agency designee will:

- a) enter the approval on the original IPAS Application with the authorized time limit specified;
- b) forward a copy to the NF; and
- c) after the expiration of the authorized time limit, issue a PAS 4B specifying the type of approval and time limits.

No further action is required by the IPAS agency unless there is a change in the applicant's condition or situation.

##### 3.5.1.1 Extension Beyond 30-Days

If the applicant's condition or situation changes such that NF placement is needed beyond the 30-day approved time, the applicant or NF (acting on the individual's behalf) must, PRIOR to the expiration of the approved time:

- a) notify the IPAS agency;
- b) in writing;
- c) requesting an extension of the authorized time; and
- d) include an explanation of the change which now necessitates additional care in the NF specifying:
  - 1) whether additional short-term care or long-term care is now needed; and

- 2) if short-term, the anticipated number of days needed.

### 3.5.1.2 Extension Authorization

"Short-Term (30-Day)" authorization may be extended for no more than twenty-five (25) days additional days (maximum 55 days).

The IPAS agency will:

- a) decide whether extended placement should be authorized;
- b) record the decision on the original IPAS Application form;
- c) initial and date the notation; and
- d) provide a copy to the applicant and the NF.

A copy of the NF request letter and the updated IPAS Application form must be included in the IPAS case record.

If extended stay is approved, the IPAS agency will:

- a) conduct the complete IPAS assessment;
- b) process the case for final determination' and
- c) if it is a non-Medicaid case, issue the PAS 4B specifying that the original admission was for Short-Term 30-Day, extended to a given date.

The IPAS assessment may result in a decision/recommendation on the PAS Form 4A or 4B to:

- a) approve NF placement for an:
  - 1) extended but time-limited placement; or
  - 2) for long-term placement; or
- b) deny continued NF placement.

### 3.5.2 Definitions

The IPAS agency should be aware of the following considerations.

- a) "Short recuperative care" is a temporary service by which care is provided to assist an individual to regain the minimum level of independent functioning. Such care may be needed due to malnutrition, need for temporary diabetic diet monitoring or insulin adjustment, medication adjustment or monitoring, or other short-term medical need. The need for care will be documented in the IPAS case record.
- b) "Respite care" is a temporary or periodic service by which care is provided to a functionally impaired individual for the purpose of relieving the regular, unpaid caregiver. Non-Medicaid individuals may utilize the short-term 30-day stay for respite purposes.

For Medicaid purposes, the term "respite" should only be applied to Medicaid applicants admitted under PASRR's Categorical Determination for Respite Care (See Chapter 13.6.1.) or Medicaid A&D or MFC Waiver Respite Care (See Chapter 7.). To avoid confusion, the IPAS agency should always refer to eligibility under this criteria as a "Short-Term or (30-Day)" admission and avoid use of the term, "respite."

However, if medical need for NF level of services is present and shown in the record, Medicaid eligible individuals may use the Short-Term (30-Day) for a short stay. It is Medicaid's decision whether Medicaid will reimburse for the NF stay. Under these circumstances, the IPAS agency should clearly document this purpose on the IPAS Application form or an attachment.

- c) The "Short-Term (30-Day)" provision may also be used for transfers within a CCRC when the individual is anticipated to need a stay which will be more than 5-days in length. No more than 30-days may be approved for the Short-Term 30-Day stay. (See Chapter 3.6.)

### 3.6 FIVE-DAY TRANSFER WITHIN A CCRC

A non-PASRR individual may be transferred into a NF bed for a short-term stay (five days or less) within a Continuing Care Retirement Center (CCRC) without applying for IPAS or receiving designee-approval.

NOTE: The individual must be a current resident of the same CCRC in which the transfer is occurring. The "Five-Day Transfer Within a CCRC" cannot be used for admission of an individual from an outside living arrangement.

Prior to using this provision, a Medicaid-certified NF must complete a new Level I form to determine and document current PASRR status. If Level II is required, the PASRR admission requirements must be followed and the Five-Day Transfer provision cannot be used. (See Chapters 10-16 of this Manual.)

### 3.6.1 Time Frame

A short recuperative or respite stay not to exceed five (5) days is exempted from the IPAS requirement for the five (5) day period only.

### 3.6.2 Extended Stay Request

The "Five-Day Transfer Within a CCRC" stay may be extended when the individual:

- a) does not recuperate within the anticipated period (five days or less); or
- b) the NF stay needs to be extended due to a change in circumstances.

The individual (or NF if designated by the individual) must immediately notify the IPAS agency:

- a) explaining the need for extended stay;
- b) giving the anticipated length of stay needed; and
- c) obtain IPAS agency designee authorization.

Notification may be made by telephone, followed by a written notification.

NOTE: The Application form and Level I must be completed no later than the fifth (5<sup>th</sup>) day following admission. These forms must be sent to the IPAS agency within five (5) working days.

### 3.6.3 IPAS Agency Designee Authorization

The IPAS agency designee may authorize up to an additional twenty-five (25) days, not to exceed thirty (30) days using the Short-Term 30-Day provision.

#### 3.6.3.1 Extended Short-Term Stay

When it is anticipated that the applicant will need an additional stay of 30 days or less, the IPAS agency will:

- a) follow procedures for "Short-Term (30-Day) Admissions" (See Chapter 3.5);
- b) certify authorization for temporary stay on the original IPAS Application form submitted by the NF; and
- c) forwarded a copy to the NF to:
  - 1) give to the applicant; and
  - 2) maintain on the individual's active record/chart.

The case record will record the use of the "Five-Day Short-Term Transfer Within a CCRC" exclusion including the individual/NF's written explanation of need for longer stay.

#### 3.6.3.2 Long-Term Stay

The NF must notify the IPAS agency when the applicant's condition indicates need for long-term NF placement. The IPAS agency will:

- a) extend the authorization for placement using the "Short-Term 30-Day" provision as above; and
- b) will immediately begin full IPAS assessment following regular IPAS procedures.

## 3.7 DIRECT FROM HOSPITAL

To expedite timely hospital transfer of individuals who need the level of care provided in a NF, a hospital discharge planner may be appointed to authorize temporary placement into a NF under specific conditions.

NOTE: For transfers from a hospital emergency room (ER), hospital 23-hour holding unit, or "after hours" discharges, see Chapter 3.5.4, Emergency/APS Admissions.

### 3.7.1 Basis of "Direct from Hospital"

The "Direct from Hospital" authorization is allowed based on a presumption that:

- a) an individual receiving acute level of care in a hospital will have at least minimal NF level of services need;
- b) for at least a short period of time, during which the full IPAS assessment is completed.

A "substantially complete assessment" is required to establish temporary need for NF level of services. (See Chapters 3.3.3 and 4.3.1.)

### 3.7.2 Appointment of "Hospital Discharge Planner" Designee

The IPAS agency may:

- a) execute a written agreement between the hospital and the IPAS agency, subject to approval by BAIHS, for the hospital discharge planner designee activity; (See Appendix D1.) and
- b) appoint the hospital discharge planner(s) to act as an IPAS designee for discharge from an acute-care hospital bed only.

NOTE: "Direct From Hospital" authorization does not apply to transfers between hospital NF units, subacute or non-acute care placements.

Discharge planners must:

- a) complete an IPAS training on the duties and function of an IPAS designee; and
- b) be certified by the IPAS agency PRIOR to acting as an IPAS designee.

Failure to follow requirements could result in revocation of an individual's appointment as IPAS designee or in loss of the hospital's designee activity status.

NOTE: In certain circumstances, the authorized IPAS agency representative will act as designee for requests for NF admission from the hospital's ER or 23-hour bed hold (Chapter 3.4.4) and hospital-based nursing (NF) units (Chapter 3.7.8).

### 3.7.3 Procedures for "Direct from Hospital"

Hospital discharge planning is the act of identifying patient needs and preparing for an effective, efficient and timely discharge of the patient. It includes linking patients with appropriate services (facility-based and/or community-based) when they are discharged.

"The hospital must identify at an early stage of hospitalization all patients who are likely to suffer adverse health consequences upon discharge if there is no adequate discharge planning will begin on the day of admission to the hospital." (42 CFR 483.43) (See Appendix J.)

IPAS is to be coordinated with this process.

#### 3.7.3.1 Completion of "Level I"

Level I should always be completed prior to completion of the IPAS Application form to identify whether "Direct from Hospital" authorization can be used. Follow the steps diagrammed in Chapter 3.1.

#### 3.7.3.2 Completion of IPAS Application Form

The IPAS Application form may be completed:

- a) at the admitting NF; and/or
- b) at the discharging hospital.

- ◆ If completed at the hospital, the entire Application form or only a portion may be done. When it is partially completed, the hospital must assure that:

- a) the following information is entered at a minimum:
  - 1) the applicant's name;
  - 2) home address;
  - 3) identifying information including Social Security number; and
  - 4) date of birth; and

- 5) name and address of anticipated NF;
- b) the applicant and/or family is advised to contact the NF to complete the Application form; and
- c) a copy of the partially completed Application form is immediately forwarded to the admitting NF.

Incomplete portions of the IPAS Application form must be completed at the NF within 24 hours of admission for "Direct from Hospital" authorized admissions.

NOTE: Completion of the "agree/do not agree" and "authorization for release of information" portions are optional at the hospital. However, an individual who:

- a) is admitted to a NF under hospital discharge planner authorization;
  - b) but "refuses to participate" after completion of the IPAS Application form at the NF;
- will be ineligible for Medicaid reimbursement, if needed, and will incur the IPAS penalty.

The Application form must be completed within twenty-four (24) hours of designee-authorized NF admission and forwarded to the IPAS agency.

- ◆ The hospital discharge planner records his or her authorization:
  - a) on the IPAS Application form in "Section II: Temporary Admission Authorization," "Direct from Hospital;"
  - b) PRIOR to transfer to the NF;
  - c) by checking appropriate boxes, entering applicable time frames, signing and dating the form. (Start date is the date of NF admission)

"Direct From Hospital" authorization is only valid when Section II is appropriately completed.

- ◆ The hospital discharge planner must also check applicable statements in Section II that are listed directly below the "Types of admission."
  - a) Medicaid MCO enrollee: If the applicant is enrolled in a Medicaid MCO, check the box to so designate and check the appropriate box for "Short-Term" or "Long-Term" anticipated NF stay. If MCO does not apply, leave the boxes blank.
  - b) Nonresident statement: Only check the second statement if the applicant is:
    - 1) a nonresident in an Indiana hospital who:
    - 2) received treatment in the Indiana hospital's emergency room (ER); and
    - 3) was directly admitted and received treatment in the Indiana hospital's acute care bed. (See Chapter 3.9.2.)
  - c) List of Long-Term Care Services: Check the box if the Indiana hospital has given to every patient who will be participating in IPAS:
    - 1) the required list of long term care options;
    - 2) available to the applicant;
    - 3) located within the hospital's service area; and
    - 4) known to the hospital.

- ◆ The discharge planner who completes the authorization must sign, date, enter the name and location of the hospital with which he/she is affiliated, phone number, and fax number.

Either the NF and/or the hospital must forward it to the IPAS agency. The admitting NF has the responsibility to assure that the Application form is fully completed and that a copy is forwarded to the IPAS agency within five (5) working days.

The hospital must assure that the NF receives the original of the fully or partially completed Application form. To expedite an assessment, which must be completed prior to hospital discharge, the hospital may also send or fax a copy of the fully completed Application form to the local IPAS agency.

- ◆ When the individual refuses to participate in IPAS while in the hospital, the hospital discharge planner CANNOT authorize NF admission. The IPAS Application "refuse to participate" portion

must be completed. If the individual is admitted to a NF, he or she will incur the IPAS penalty. (See Chapter 6.2.)

### 3.7.3.3 Time Frame

"Direct From Hospital" admissions may be authorized for varying lengths of stay, judged on:

- a) the attending physician's estimated time of recovery (ETR); and/or
- b) the individual's Medicaid status.

Time frames are calculated from the date of NF admission.

- a) Medicaid Recipients, Applicants, or Will-Apply (within 120 days): NF placement may only be authorized for a maximum of twenty-five (25) days for individuals who are Medicaid applicants, recipients, or will apply, regardless of presumed Medicare or other payment status.
- b) Private-Pay Applicants (Non-Medicaid): NF placement may be authorized for the physician's Estimated Time of Recovery (ETR) plus twenty-five (25) days, not to exceed a maximum of one-hundred twenty (120) days.

The physician's ETR is the needed length of NF care designated by the physician. It will be based on the individual's level of functional impairment and prognosis for improvement.

### 3.7.4 Arrangement for NF Admission

The hospital discharge planner must provide necessary information for the NF to make an admission decision when the hospital discharge planner contacts the NF to arrange for a bed.

The NF must have sufficient information about the individual's condition and history to determine the patient's status and whether it (NF) can meet the individual's needs. This would normally include answers to questions about: diagnosis, medications, ADL impairments and need for care, suicidal or homicidal ideations and/or behavior problems, prior residence of individual, responses on Level I form and whether answers are correct, and any other information which may affect the NF's ability to meet the individual's needs.

### 3.7.5 Transmission of Documents to NF

All necessary hospital-completed IPAS and/or PASRR documentation must accompany the individual or be transmitted to the NF prior to admission. The NF must assure that all necessary documentation has been completed and placed on the individual's active record/chart.

### 3.7.6 IPAS Agency Acting As "Direct From Hospital" Designee

The IPAS agency will act as IPAS designee when:

- a) a hospital refuses to exercise the option of acting as IPAS designee;
- b) IPAS designee-status has been revoked; or
- c) discharge is needed from a hospital-licensed (IC 16-21) hospital-based NF unit following a "substantially complete assessment."

Either the NF or the hospital may make referral for assessment directly to the IPAS agency.

Since the IPAS agency designee is not familiar with the individual or his or her needs, a "substantially complete assessment" is required. (See Chapter 4.3.1.) The IPAS agency must obtain enough information to perform the assessment which will require more time and review than the discharge planner's process.

### 3.7.7 Required NF Follow-Up

For "Direct From Hospital" admissions, the NF must assure that it:

- a) receives the necessary paperwork from the hospital or from the IPAS agency, as appropriate;
- b) reviews documentation (Application form, Level I, and so forth) for completeness PRIOR to forwarding it to the IPAS agency;

- c) sends all necessary documents to the local IPAS agency (or assures that it has been sent by the hospital within 5 working days from the date of signature or, if the individual is admitted, from the date of admission, whichever is later; and
- d) retains a copy of all documentation on the NF chart/file.

### 3.8 HOSPITAL-BASED NF UNITS

Some hospitals have hospital-based long-term care (NF) units. These units provide skilled (NF) level of nursing care and are located within the hospital. Such units may be called Extended Care Units (ECU), Transitional Care Units (TCU), Essential Care Services (ECS), or another label to differentiate them from acute care hospital beds.

**SURVEY:** These units are subject to survey by the ISDOH Long-Term Care Services Division, and must meet all NF criteria regardless of how they are licensed.

**LICENSURE:** Depending on factors such as who administers the unit, they may be licensed under either hospital licensure (IC 16-21) or NF licensure (IC 16-28).

In order to determine the relationship to IPAS and/or PASRR laws and regulations for these units, licensure and Medicaid certification status of each unit must first be determined.

#### 3.8.1 IPAS Participation Requirement

IPAS law requires that hospital-based NF beds licensed under IC 16-28 must participate in IPAS for admissions and discharges.

To determine whether IPAS requirements apply, the licensure status of the hospital based NF unit must be established. The IPAS agency should:

- a) check with the hospital unit; or
- b) review the "Indiana Health Facilities Directory" published by the Division of Long-Term Care, Indiana State Department of Health (ISDH); or
- c) call the ISDH, Division of Long-Term Care.

#### 3.8.2 PASRR Participation Requirement

PASRR regulations require all Medicaid certified NF beds to participate. If the unit is Medicaid certified, it must follow PASRR requirements regardless of whether it is currently serving any Medicaid recipients or receiving Medicaid reimbursement. (See Chapter 10.3.) State licensure status is not a factor.

**NOTE:** The IPAS agency will log and update the status of hospital-based NF units in its area regarding IPAS and/or PASRR participation. (See the log in Appendix D, available on diskette from the State PASRR Unit.)

#### 3.8.3 Differentiation between "Hospital-Licensed" and "NF-Licensed"

IC 12-10-12-3 specifies that IPAS applies to a nursing facility that is licensed under IC 16-28. by Therefore, a distinction must be made between hospital-based NF units with hospital licensure under IC 16-21 and those NF-licensure under IC 16-28.

The simplest method to determine how a hospital-based NF unit is licensed is to refer to listings in the Indiana Health Facility Directory published by the Indiana State Department of Health (ISDOH), Long-Term Care Program. "Hospital-licensed" units are listed at the back of the directory under the title page, "Hospital Based Long Term Care Units," usually around page 60. "NF-licensed" hospital-based NF units will be listed in the first part of the directory with NFs that are not hospital-based.

This differentiation is based not on survey activities, as all NF units must meet the same survey criteria. It is instead based on criteria established by the ISDOH entity which issues the license: either the Long Term Care Program (NF) or the Acute Care Division (hospital).

**NOTE:** The following criteria also apply to hospital-based NF units:

- a) If the Unit is Medicaid-certified, Level I must be completed to determine PASRR status PRIOR to admission to the hospital's NF unit.  
(Then, if PASRR Level II is required, all IPAS and PASRR requirements for an individual needing PASRR Level II apply for the admission into the hospital-based NF unit.)
- b) PASRR "Exempted Hospital Discharge" can only be used to authorize transfer from an acute care bed into a skilled (NF) care bed.

### 3.8.4 "Hospital-Licensed" (IC 16-21) Hospital-Based NF Unit

Admissions must follow requirements under the respective programs (IPAS and/or PASRR) which apply to the hospital-based NF unit.

- ◆ Admission: Admission to these units should use the following criteria:
  - a) IPAS-only (non-PASRR) admissions do not require IPAS designee authorization (However, these units may voluntarily participate in IPAS, if desired, for expeditious discharge to another NF.); or
  - b) if PASRR is needed, only with "Exempted Hospital Discharge;" or
  - c) with full IPAS/PASRR assessment and determination made PRIOR to admission.
- ◆ Discharge: The patient may be transferred to a NF bed licensed under IC 16-28:
  - a) by using the time remaining on a Direct-from Hospital authorization made while in an inpatient acute care hospital bed\*; or
  - b) with PRIOR completion of the IPAS assessment and determination by the IPAS agency.

\*NOTE: The hospital discharge planner cannot give Direct-from Hospital authorization after the individual has been admitted to the hospital-based NF unit.

### 3.8.5 "NF-Licensed" (IC 16-28) Hospital-Based NF Unit

A hospital-based NF-licensed unit must follow the same procedures as a freestanding NF.

- ◆ Admission: Admissions to these units may only be made:
  - a) under IPAS-Only (non-PASRR) "Direct From Hospital" authorization made while the patient is in the acute care hospital bed; or
  - b) if PASRR Level II is needed, under "Exempted Hospital Discharge;" or
  - c) with full IPAS/PASRR determination.

NOTE: PASRR Exempted Hospital Discharge is only allowed for transfer from "acute inpatient care."

- ◆ Discharge to another NF Direct transfer to another NF licensed under IC 16-28 may be made when the following conditions are met:
  - a) PAS 4B has been issued for full IPAS and, if applicable, PASRR, assessment; or
  - b) authorized time remains from a "Direct from Hospital" authorization made while the patient was in the hospital's acute care bed.

The IPAS agency may find the table at Appendix D helpful when recording the status of the hospital-based NF units for the hospitals in its area.

### 3.8.5 Hospital "Medicare Swing Beds"

Medicare "Hospital Swing Beds" are hospital-based SNF level beds for post-hospital extended care services which meet the following criteria. The hospital:

- a) is small, having less than 100 beds, excluding certain categories;
- b) is in a "rural" area, not delineated as an "urbanized" area by the Census Bureau;
- c) has a certificate of need for the provision of long-term care services from the ISDOH;
- d) does not have in effect a 24-hour nursing waiver;
- e) has not had a "swing-bed" approval terminated within 2 years prior to application;
- f) a Medicare-participating SNF is not available or it has agreement with SNFs in its area which meet certain criteria; and
- g) gives HCFA written assurance that it will not operate over 49 beds or over 99 beds except in connection with a catastrophic event. (Paraphrased from 42 CFR 482.66.)



### 3.8.5.1 “Swing Beds” and IPAS/PASRR

For IPAS and PASRR processing purposes, hospital Medicare Swing Beds will be treated as acute care beds.

IPAS bases its requirement for participation on licensure status. Swing Beds are hospital-licensed by the Acute Care Division at ISDOH. For PASRR, HCFA has only issued a statement that it was studying the application of PASRR requirements to swing beds. To date, Swing Bed regulations have not been modified to reflect PASRR.

The determination is that, at this time, neither IPAS nor PASRR are required for admission to Medicare Swing Beds. Discharge will follow hospital acute care criteria for IPAS and PASRR.

### 3.8.5.2 Identification of “Swing Bed” Status

To establish the Medicare “Swing Bed” status of a hospital-based unit, the IPAS agency should:

- a) ask the hospital whether Medicare has approved it to provide post-hospital extended care services as specified under 42 CFR 409.30, and is it reimbursed as a swing-bed hospital as specified under 42 CFR 413.114;
- b) ask the hospital if they are able to bill Medicare for these beds as “swing beds;”
- c) refer to the Indiana Health Facilities Directory for a listing (Check both sections: if the hospital is not listed in either section and its unit has been operational for more than a year, it may be assumed that the unit qualifies as a “swing-bed.” For example, Decatur County Hospital has a “swing bed” unit.); and
- d) if still in doubt or unable to verify, call the Acute Care Division at ISDOH.

## 3.9 NONRESIDENTS

All out-of-state residents seeking admission to an Indiana NF must complete the entire IPAS assessment and receive the determination PRIOR to admission to the Indiana NF, except as specified in Chapters 3.9.2 and 3.9.3.

NOTE: DO NOT APPLY THE FOLLOWING CRITERIA IF THE APPLICANT REQUIRES PASRR LEVEL II ASSESSMENT, EXCEPT AS SPECIFIED IN CHAPTER 3.8.4. (See Chapters 10-16 for PASRR.)

### 3.9.1 Time Frame

ALL nonresident, IPAS-only (non-PASRR), applications must be completed within ten (10) calendar days following the appointment of the IPAS screening team.

Nonresident case processing time frames are calculated:

- a. from the date that the IPAS screening team is appointed
- b. to the date that the IPAS agency reports its findings.

For tracking purposes, the IPAS agency will

- a) document the date that the IPAS screening team is appointed;
- b) stamp all case documents with the required “date-received;” and
- c) clearly explain in the case record the reason(s) for any delays, including all appropriate tracking dates.

The “date that the IPAS agency reports its findings” is defined to mean either:

- a. the date that the IPAS agency issues its determination on PAS Form 4B for private-pay applicants; or
- b. the date that the IPAS agency faxes the case with its recommendation on PAS Form 4A to OMPP or the State PASRR Unit.

It is important for the IPAS agency to record these dates on either the PAS Form 4A or 4B. A record of these dates and delays may be pertinent to appeals and/or waiver of the IPAS penalty requests.

### 3.9.2 Refusal to Participate in IPAS

A nonresident who does not require Level II may:

- a) refuse to participate in IPAS;
- b) be admitted to an Indiana NF; and
- c) incur the IPAS penalty.

NOTE: The IPAS agency must obtain as much documentation as possible to support a decision that PASRR Level II is not required. The Level I completion will usually not be enough. The case record must describe in detail the efforts and results to verify that PASRR Level II is not needed.

### 3.9.3 Nonresidents and Indiana NF Temporary Admissions

An IPAS agency cannot authorize temporary admission to an Indiana NF except under Chapter 3.9.4. PRIOR to authorizing a temporary admission a full IPAS assessment and determination must be completed.

- ◆ After the full IPAS assessment and determination are completed and admission under IPAS approved, the IPAS agency may authorize IPAS "30-Day Short-Term."
- ◆ After the full IPAS and PASRR assessment and determination are completed and NF admission approved, the IPAS agency may authorize PASRR "Exempted Hospital Discharge" (unless the provision in 3.9.2, above, is used), or PASRR "Respite."

As soon as it is found during the temporary stay that the individual's condition/circumstances have changed so that he or she now requires a longer NF stay:

- a) the NF must immediately notify the IPAS agency;
- b) a verbal notice from the NF must be followed by a written explanation to the IPAS agency fully explaining the nature of the change which now makes long-term placement necessary;
- c) the PASRR Level II must be updated, if required due to a change in MI and/or MR/DD condition, following instructions in Chapter 13; and
- d) the IPAS agency will update the IPAS case packet and redo the IPAS determination, as applicable.

The IPAS agency may recommend:

- a) an extension of the short stay; or
- b) if warranted, long-term placement.

### 3.9.4 "Indiana Resident" in an Out-of-State Hospital

An Indiana resident seeking admission to an Indiana NF from an out-of-state hospital qualifies for authorization for "Direct from Hospital" admission if the Indiana resident:

- a. is participating in IPAS; and
- b. has received treatment in the acute care bed of the out-of-state hospital; and
- c. is being discharged directly from the hospital into an Indiana NF; and
- d. has received authorization by the IPAS agency designee.

NOTE: An out-of-state hospital discharge planner CANNOT authorize admission to an Indiana NF under any circumstances.

### 3.9.5 Nonresidents in an Indiana Acute Care (Hospital) Bed Following Treatment in the Indiana Hospital's ER

A change in Indiana law effective July 1, 1997 allows a nonresident to be admitted to an Indiana NF directly from the Indiana hospital under the following circumstances:

- a. the nonresident received treatment in an Indiana hospital's emergency room (ER);
- b. the nonresident was admitted to the Indiana hospital acute care bed after receiving treatment in the Indiana hospital's emergency room (ER); and
- c. the applicant received treatment from and is being directly discharged from the Indiana hospital's acute care bed; and
- d. the applicant is participating in IPAS.

The IPAS agency or Indiana hospital discharge planner:

- a) may authorize "direct from hospital" admission when the above conditions are met; and
- b) must certify on the IPAS Application form, revised 1/98 or later, that the qualifying criteria applies by checking the appropriate statement below the check box for Direct from Hospital authorization.

NOTE: When an Application form is used which does not have the necessary certifying statement, the Indiana hospital discharge planner (or IPAS agency based on the information from the hospital discharge planner) will write the statement in Section II of the form.

To expedite processing, the hospital:

- a) should begin discharge planning on the day an individual is admitted; and
- b) may assist the IPAS agency by providing as much completed documentation as possible including, but not limited to:
  - 1) completion of the PASRR Level I and IPAS Application forms;
  - 2) having the doctor complete and sign the Physician Certification for Long-Term Care Services (Form 450B); and
  - 3) helping in any other way feasible.

### 3.9.6 Other IPAS Agency Requirements

For Medicaid data purposes, the IPAS agency must:

- a. always inquire and record in the case record the reason a non-resident desires to enter an Indiana NF; and
- b. maintain a log system identifying applications by out-of-state residents, including at a minimum: the original state of residence; Medicaid status in the other state; intended Medicaid status in Indiana; reason for seeking NF placement in Indiana; and case disposition.

When the applicant is in a NF out-of-state, the IPAS agency must obtain 30 days of the most recent NF chart information, including copies of nurses' notes, physician's orders and progress notes, and social service notes as part of the IPAS assessment.

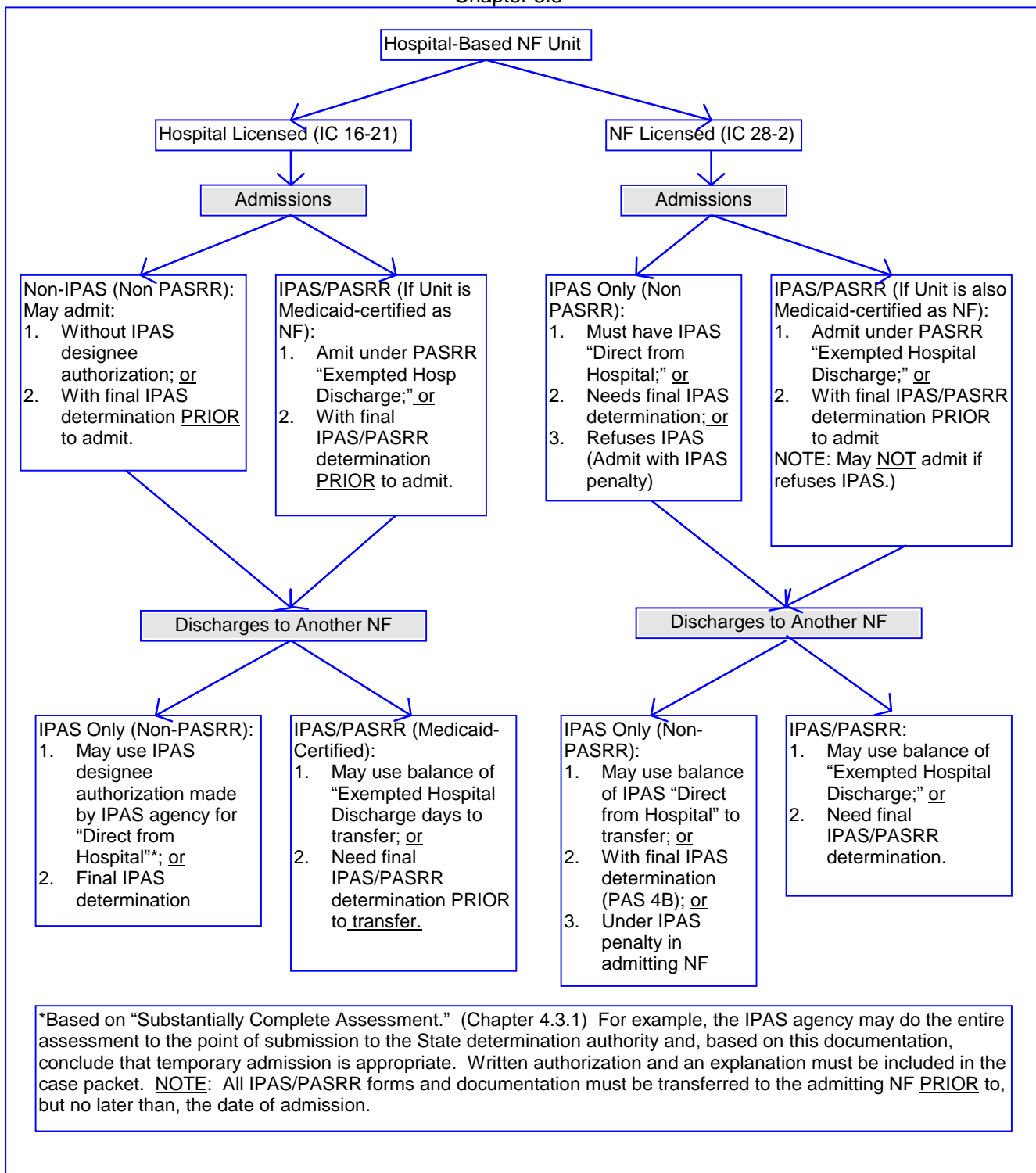
### 3.9.7 Residency Determination

For purposes of the IPAS program only, an individual is considered an Indiana resident if he or she currently resides in Indiana or resided in Indiana immediately prior to hospitalization out-of-state. An Indiana resident seeking admission to an Indiana NF from an out-of-state hospital is treated as if he or she resides in Indiana.



# HOSPITAL BASED NF UNITS

## Chapter 3.8



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